

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011934

1976 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Glenn Elliott

FILED APR 12 1963

PLACE OF DEATH

COUNTY - JACKSON

CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b  
32 yrs

FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
11 W. 80 Terr.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
WILLIAM J. SOMMER

4. DATE OF DEATH  
Month Day Year  
MARCH 27, 1963

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7-27-1894

9. AGE (last birthday) 68  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done:  
prior to most of working life, even if retired)  
RETIRED SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY  
MONTGOMERY WARD

11. BIRTHPLACE (City and state or country)  
ST. JOSEPH, MISSOURI

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

JOHN SOMMER

13b. MOTHER'S MAIDEN NAME

ANASTASIA GOLLIS

14. NAME OF HUSBAND OR WIFE

WILLA SOMMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
WILLA SOMMER 11 W. 80 Terr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypovolemia Shock and Anemia  
Cachexia

INTERVAL BETWEEN  
ONSET AND DEATH  
1 day

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Carcinoma of ovary

2 1/2 yrs

DUE TO (c)

6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a).

Primary Rt. Colon Lymphosarcoma Resected by reyo

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at.

31 Oct 60 to 27 March 63 and last saw him alive on 27 March 63  
4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Glenn Elliott M.D.

22b. ADDRESS

1102 Grand Kd Mo

22c. DATE SIGNED

28 Mar 63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

3-29-1963

23c. NAME OF CEMETERY OR CREMATORY

CALVARY

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

MUEHLE BACH

6800 TROOST

25. DATE RECD. BY LOCAL REG.

3-29-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

R. Elliott - 1.30-5.30 To-day  
Bryant Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 7987

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.